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Applicant(s): John F. Stone

Docket No.: 36435.0100

Serial No.: 09/498,135

Filed: February 4, 2000

Examiner: Enewold Goldberg, J.

Title: CHROMOSOME-BASED METHOD FOR  
FACILITATING DISEASE DIAGNOSISGroup Art 1655  
Unit:Date: March 14, 2001

I hereby certify that the enclosed Response and Amendment is being transmitted via facsimile pursuant to 37 C.F.R. §1.8 and 37 C.F.R.1.6(d), to the attention of Attn: Examiner Jeanine A. Enewold Goldberg at Facsimile No. (703) 305-3014.

By

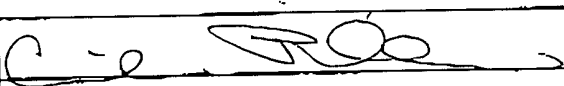
Allis Brown


Signature of person transmitting via facsimile

Please type a plus sign (+) inside this box → ☐PTO/SB/21 (08-00)  
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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/498.135	
	Filing Date	2/4/2000	
	First Named Inventor	STONE	
	Group Art Unit	1655	
	Examiner Name	Enewold Goldberg, J.	
Total Number of Pages in This Submission	8	Attorney Docket Number	36435.0100

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Cynthia A. Pillote, Esq., Reg. No. 42,999 Snell & Wilmer, L.L.P.
Signature	
Date	3/14/2001

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date: 3/14/2001			
Typed or printed name	Allis Brown	Date	3/14/2001
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DATE: March 14, 2001

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TO:

Name	Fax Number	Phone Number
Jeanine A. Enewold Goldberg, Examining Attorney Art Unit 1655 U.S. Patent and Trademark Office	703-305-3014	703-306-5817

FROM: Cynthia L. Pillote

PHONE: 602-382-6296

RE: Serial No. 09/498,135

**MESSAGE:**

Attached is Response and Amendment for your consideration. Original follows via U.S. First Class Mail delivery.  
Thank you.

ORIGINAL DOCUMENT: Will be sent NUMBER OF PAGES (Including Cover): 10

CONFIRMATION NO.: 602-382-6642 CLIENT MATTER NO.: 36435.0100

PLEASE RETURN TO: Allis Brown, 15S27 PERSONAL FAX: No

REQUESTOR: Cynthia L. Pillote DIRECT LINE: 602-382-6296

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Attn: Intellectual Property Dept.  
**CLP**

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ROOM STAMP AFFIXED HERETO ACKNOWLEDGES RECEIPT OF  
THE ITEMS CHECKED BELOW:

Serial No.: 09/498,135

Applicant: STONE

Filing Date: 2/4/2000

Title/Mark: CHROMOSOME-BASED METHOD FOR  
FACILITATING DISEASE DIAGNOSIS

- ☐ Patent Application
- ☐ Pages in Spec \_\_\_\_\_ No of Claims \_\_\_\_\_
- ☐ Drawing Sheets: \_\_\_\_\_ (F) \_\_\_\_\_ (INF.)
- ☐ Check \$ \_\_\_\_\_ No.: \_\_\_\_\_
- ☐ Power of Attorney
- ☐ Extension of Time (duplicate)
- ☐ Preliminary Amendment
- ☒ Amendment
- ☐ Amendment after FINAL Rejection
- ☐ Issue Fee (Basic and/or Balance)
- ☐ Small Entity Certificate
- ☐ Assignment, Coversheet and Fee
- ☐ Trademark Application
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☒ Marked items placed in First Class Mail on  
3/14/2001
- ☐ Marked items filed via Express Mail No.  
\_\_\_\_\_ on \_\_\_\_\_

S&W Docket No.: 36435.0100 Atty: CLP/afv

PTO/SB 06 (08-00)

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U. S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

09/498,135

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY

OR  
OTHER THAN  
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
1. INDEPENDENT CLAIMS (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(a))	17	minus 20
INDEPENDENT CLAIMS (37 CFR 1.16(a))	3	minus 0
MULTIPLE DEPENDENT CLAIMS PRESENT (37 CFR 1.16(d))		

RATE	FEE
	\$ 355
x \$ 3 -	-9
x 40 -	0
+ 0 -	0
TOTAL	\$346

RATE	FEE
	\$ -
x \$ -	=
x -	=
+ -	=
TOTAL	

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR  
OTHER THAN  
SMALL ENTITY

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	* 17	Minus ** 20	= 0
Independent (37 CFR 1.16(b))	* 3	Minus *** 3	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDITIONAL FEE
x \$ 9 -	0
x 40 -	0
+ 0 -	0
TOTAL	\$0

RATE	ADDITIONAL FEE
x \$ -	=
x -	=
+ -	=
TOTAL	

(Column 1)

(Column 2)

(Column 3)

ADDIT. FEE

OR  
ADDIT. FEE

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	* 16	Minus ** 20	= 0
Independent (37 CFR 1.16(b))	* 3	Minus *** 3	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDITIONAL FEE
x \$ 9 -	0
x 40 -	0
+ 0 -	0
TOTAL	\$0

RATE	ADDITIONAL FEE
x \$ -	=
x -	=
+ -	=
TOTAL	

(Column 1)

(Column 2)

(Column 3)

ADDIT. FEE

OR  
ADDIT. FEE

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	* 16	Minus ** 20	= 0
Independent (37 CFR 1.16(b))	* 3	Minus *** 3	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDITIONAL FEE
x \$ 9 -	0
x 40 -	0
+ 0 -	0
TOTAL	\$0

RATE	ADDITIONAL FEE
x \$ -	=
x -	=
+ -	=
TOTAL	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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